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SERIAL NUMBER 10/816,037	FILING DATE 04/01/2004 RULE	CLASS 382	GROUP ART UNIT 262 ⁷	ATTORNEY DOCKET NO. M160 1010.3
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APPLICANTS

Joan Tibor, Waycross, GA;

** CONTINUING DATA ***** *0.K* ***** *S.A*

This application is a CIP of 09/335,649 06/18/1999 PAT 6,728,397
 which claims benefit of 60/089,959 06/19/1998

** FOREIGN APPLICATIONS ***** *NONE* ***** *S.A*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 06/16/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 6	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged <i>Sgtal</i> Allowance Examiner's signature Initials <i>S.A</i>				

ADDRESS

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TITLE

Electronic transaction verification system

FILING FEE RECEIVED 610	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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